HUGHES.™

COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY

Attorney Docket No: PD-200235

☒ Original
☐ Continuation
☐ Division
☐ Continuation-in-Part
☐ Supplemental

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Method And Apparatus For Securing Digital Video Recording**

the specification of which:
(check one) ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application that designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or of any PCT international application, having a filing date before that of the application on which priority is claimed:

Foreign Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date (MM/DD/YYYY)
60/219,941	July 20, 2000

I hereby claim the benefit under 35 U.S.C §120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or Parent PCT Number	Filing Date (MM/DD/YYYY)	Patent Number (*if applicable*)

I hereby appoint the following attorneys, or agent and attorneys, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John T. Whelan	Registration No. 32,448
Craig L. Plastrik	Registration No. 41,254
Michael W. Sales	Registration No. 30,213

Correspondence Address:

Name:	Hughes Electronics Corporation
	Patent Docket Administration
Address:	P.O. Box 956
	Bldg. 1, Mail Stop A109
City/State/Zip:	El Segundo, CA 90245-0956
Country:	USA	Telephone: 301-428-5965	Facsimile: 301-428-2802

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or Joint Inventor:	Inventor's Signature:	Date:
Michael Ficco	*[signature]*	12/1/00
Residence (City and State)		Citizenship
Silverspring, Maryland		
Residence Address (Street/City/State/Zip)		
14805 Silverstone Drive, Silverspring, Maryland 20905		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Residence (City and State)		Citizenship
Residence Address (Street/City/State/Zip)		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Residence (City and State)		Citizenship
Residence Address (Street/City/State/Zip)		
Full Name of Joint Inventor:	Inventor's Signature:	Date:
Residence (City and State)		Citizenship
Residence Address (Street/City/State/Zip)		